PTD/SB/50 (02-01)

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## REISSUE PATENT APPLICATION TRANSMITTAL 1004-75 Attorney Docket No. Address to: Kuriakose First Named Inventor **Assistant Commissioner for Patents** 6,073,478 Original Patent Number TO **Box Reissue** Original Patent Issue Date 06/13/2000 Washington, DC 20231 (Month/Day/Year) Express Mail Label No. **APPLICATION FOR REISSUE OF:** Plant Patent Design Patent Utility Patent (Check applicable box) ACCOMPANYING APPLICATION PARTS **APPLICATION ELEMENTS (37 CFR 1.173)** Statement of status and support for all changes Fee Transmittal Form (PTO/SB/56) 10. **V** to the claims. See 37 CFR 1.173 (c). 1. (Submit an original, and a duplicate for fee processing) Original U.S. Patent for surrender Applicant claims small entity status. See 37 CFR 1.27. 11. 2. Specification and Claims in double column copy of patent Ribboned Original Patent Grant 3. format (amended, if appropriate) Statement of Loss (PTO/SB/55) Drawing(s) (proposed amendments, if appropriate) 4. Foreign Priority Claim (35 U.S.C. 11 12. Reissue Oath/Declaration (original or copy) Hall Balls Bright Halls Hall (if applicable) 5. (37 C.F.R. § 1.175) (PTO/SB/51 or 52) Copies of IDS Information Disclosure 13. Citations Statement (IDS)/PTO-1449 6. Power of Attorney English Translation of Reissue Oath/Declaration Original U.S. Patent currently assigned? (if applicable) (If Yes, check applicable box(es)) 323 يُّميَّةً Written Consent of all Assignees (PTO/SB/53) Preliminary Amendment 37 C.F.R. § 3.73(b) Statement Return Receipt Postcard (MPEP 503) T (Should be specifically itemized) (PTO/SB/96) 16. CD-ROM or CD-R in duplicate, Computer Program (Appendix) 17. or large table Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) Computer Readable Form (CRF) b. Specification Sequence Listing on: i ☐ CD-ROM (2 copies) or CD-R (2 copies); or ii 🗌 paper Statements verifying identity of above copies 18. CORRESPONDENCE ADDRESS or Correspondence address below Customer Number or Bar Code Label (Insert Customer No. or Attack bar code label here) Name Shapiro Cohen P.O. Box 3440 Address K1P 6P1 Zip Code Station D 613 563 9231 Ontario Fax Ottawa City State 613 232 5300 Country Canada Telephone Robert A. Wilkes 19333 Registration No. (Attorney/Agent)

NAME (Print/Type)

Signature

Date

11/27/2001

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Docket Number (Optional) REISSUE APPLICATION FEE TRANSMITTAL FORM 1004-75 Claims as Filed - Part 1 Other than a Small Entity Small Entity Claims in (3)Number Filed in Patent Rate Fee Rate Number Extra Reissue Application  $(B)^{13}$ Total Claims \*\*\*\*  $(A)^{13}$ (37 CFR 1.16(j)) or  $(D)_{3}$ (C)3Independent claims 0 x \$ (37 CFR 1 16(i)) \$740\00 Basic Fee (37 CFR 1.16(h)) \$740.00 Total Filing Fee \$ OR Claims as Amended - Part 2 (3)(2)Other than a Small Entity Small Entity (1)Highest Number Extra Claims Remaining Fee Rate Rate Fee Claims Previously After Amendment Paid For Present <sub>×\$</sub>18 Total Claims \*\* 20 36.00 =2 22 x\$ **MINUS** (37 CFR 1.16(j) <u>×</u>\$0 Independent MINUS <del>1</del>0 x\$ Claims (37 CFR 1.16(i)) OR \$ \$36.00 Total Additional Fee \* If the entry in (D) is less than the entry in (C), Write "0" in column 3. \*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. \*\*\* After any cancellation of claims. \*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). \*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. in the amount of Please charge Deposit Account No. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 16-0600 A duplicate copy of this sheet is enclosed. \_\_\_\_\_ to cover the filing / additional fee is enclosed.  $\checkmark$  A check in the amount of \$ 776.00Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 11/27/2001 Signature of Applicant, Attorney or Agent of Record Date Robert A. Wilkes - Reg. 28170

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Typed or printed name